



MINNESOTA KIDS COUNT 2018:

Building Community in a Time of Changing Needs



children's
defense fund
minnesota

Minnesota KIDS COUNT is a Project of Children's Defense Fund–Minnesota

About Children's Defense Fund

The Children's Defense Fund Leave No Child Behind® mission is to ensure every child a *Healthy Start, a Head Start, a Fair Start, a Safe Start and a Moral Start* in life and successful passage to adulthood with the help of caring families and communities. CDF provides a strong, effective and independent voice for all the children of America who cannot vote, lobby or speak for themselves. We pay particular attention to the needs of poor children, children of color and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investments before they get sick, drop out of school, get into trouble or suffer family breakdown. CDF began in 1973 and is a private, nonprofit organization supported by individual donations, foundation, corporate and government grants.

What is KIDS COUNT?

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the U.S. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children.

As the Minnesota KIDS COUNT grantee, Children's Defense Fund-Minnesota (CDF-MN) releases periodic reports and an annual data book regarding the well-being of children and families in Minnesota. Please visit our website at www.cdf-mn.org to locate the electronic copy of this data book.

We thank the Annie E. Casey Foundation for its support but acknowledge that the findings and conclusions presented in this book are those of CDF-MN alone, and do not necessarily represent the opinions of the Foundation. Any or all portions of this data book may be reproduced without prior permission, provided the source is cited. Questions about the contents of this book may be directed to Jennifer Bertram at jbertram@childrensdefense.org or 651-855-1172.

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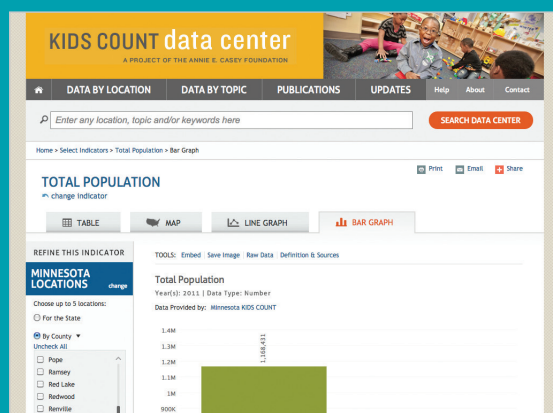
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Sparkling Conversations, Ideas and Change: The KIDS COUNT Data Center

The KIDS COUNT Data Center provides one comprehensive website of national, state, county and city information to help community members stay up-to-date on key trends in child well-being. The website contains hundreds of indicators and allows users to:

- Create custom reports for a specific county or state;
- Compare and rank data for different states and counties; and
- Design graphics like maps and trend lines to use in presentations and publications, including websites or blogs.



The KIDS COUNT Data Center provides state- and county-level data for all 87 counties in Minnesota. These data are collected by KIDS COUNT grantees (including CDF-MN) for use in their data books and other publications. All county-level data that were previously published in the Minnesota KIDS COUNT Data Book are available through the interactive KIDS COUNT Data Center website—datacenter.kidscount.org.

Table of Contents

Introduction	PAGE
Letter from CDF-MN	4
Introduction	5
Census 2020	8
About the Data Book	9
 Critical Areas of Childhood Needs	
Safe and Supportive Homes and Communities	10
High-Quality Early Childhood and K-12 Education	12
Economic Well-being	14
Health Coverage and Care	16
 Data	
Federal Policy Highlights	18
State-Level Data Tables	20
Technical Notes	25
Endnotes	27

Letter from CDF-MN

BUILDING STRONG COMMUNITIES IS FOUNDATIONAL TO THE SUCCESS OF MINNESOTA CHILDREN AND FAMILIES.

The theme of this year's data book, "building community in a time of changing needs" is rooted in the notion that we often quote from Paul Wellstone: "We all do better when we all do better." This holistic approach to community building and policymaking recognizes that the overall wellbeing of our community at its broadest level encompasses the success of all individuals, families, small groups and communities that are embedded in concentric and intersecting circles within each other and the whole.

It's often been said that Minnesota is a great place to live and state-level data shows that Minnesota ranks in the top tier of states on many indicators of child well-being. However, when we dig deeper into those positive outcomes, we see a pattern of policies and practices embedded in our state systems that are perpetuating inequities, and leaving behind children living in low-income households, children of color and American Indian children.

Each of Minnesota's children has unique assets and needs, and the systems that serve children and families across the state must be able to leverage those strengths to meet the needs identified. As our state's population continues to diversify by race and ethnicity, we must become a state in which the lived experiences and the cultural backgrounds of all children are viewed as an asset. We must address the historic and institutional barriers that prevent many of our children from meeting their full potential and ensure that systems work better for our children living in low-income households, our immigrant and refugee children, our children with disabilities and mental health needs, our children in greater Minnesota, our children of color and American Indian children. Ultimately, Minnesota's future will depend on the skills and abilities of our entire younger generations to continue our state's economic prosperity.

For more than 30 years, Children's Defense Fund-Minnesota has advocated for policies and programs that provide a strong foundation for a healthy start, a safe start, a fair start, a head start and a moral start for all of Minnesota's children. In a time of political uncertainty and often divisive rhetoric, we work in partnership with families, community leaders, organizations and public officials to improve the ways government and community can support these essential elements of child well-being. This fall Minnesota will elect a new governor and decide who represents us in Congress, our state House of Representatives and several other offices. We call on our elected officials to recognize the needs of ALL members of our diverse communities and promote a prosperous future for Minnesota by committing to investments that help develop supportive and thriving children, families and communities.

When our systems provide opportunities for all, we, as a community, collectively benefit. The future well-being of communities across the state requires a well-educated, healthy workforce to meet the demands of the 21st Century in Minnesota. Investments in families and children now will help sustain communities throughout the state for future generations. It is our sincere belief that we can live and actualize this vision for our Minnesota.

Children's Defense Fund-Minnesota, October 2018

Introduction

INVESTING IN CHILDREN AND FAMILIES WILL BUILD STRONG COMMUNITIES AND IS A WISE CHOICE TO PROPEL MINNESOTA TOWARD A SUCCESSFUL AND VIBRANT FUTURE.

The children living in our neighborhoods and attending our schools today will shape communities across the state in decades to come. Researchers have defined community well-being as “the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfill their potential.”¹ It follows that when children and adults have their needs met in the context of these conditions, a community can thrive and make vital contributions to our state’s overall prosperity.

In the most recent Annie E. Casey Foundation’s National KIDS COUNT Data Book, Minnesota ranked fourth in the country in overall child well-being.² Positive outcomes for children result from investments in effective programs that promote educational achievement, good health and economic stability for thousands of our young children. These policies and programs demonstrate Minnesota’s commitment to child well-being and, in turn, are prudent investments in our future business and community leaders.

Despite Minnesota’s consistently high ranking as compared to other states in education, health, family and economic outcomes, children living in low-income households, children of color and American Indian children are often left behind by programs and policies that were not designed to address their needs nor leverage the assets of families or communities. We must continuously reflect and act on our commitment to the values of addressing and supporting the needs of all Minnesota’s youngest residents as our populations and needs change over time.

As state demographic changes reveal an increasingly diverse Minnesota, our state’s ability to develop policies and programs that allow for more inclusive understanding of community will play a significant role in addressing the disparities that exist. In determining the most appropriate approaches to improving outcomes in education, health

and safety for children of color and American Indian children, we must learn from and work with these communities to develop programs that have more relevant and inclusive practices and that leverage family and community assets. We must develop new programs and policies, and refine existing ones, in order to ensure all children and families from every corner of our state are able to experience economic stability, have access to health coverage and care, receive high-quality early and K-12 education, and keep safe from harm. In this way, we can build strong communities and a stronger Minnesota together.

WHAT MAKES A STRONG COMMUNITY?

“Where are you from?” That’s a question we all get asked from time to time. An individual’s response to this question gives insight into how we identify ourselves. How you answer may also depend upon the assumptions the person asking the question may have of you. Is the answer the place you’re living right now, or where you were born, or where your ancestors originated? Is the response tied to your race, ethnicity, cultural background or a geographic location? The variety of possible responses to this question begins to indicate the community or communities to which we are affiliated and connected. In their article “What Is Community Anyway?” David M. Chavis & Kien Lee state, “Community is both a feeling and a set of relationships among people. People form and maintain communities to meet common needs. Members of a community have a sense of trust, belonging, safety, and caring for each other. They have an individual and collective sense that they can, as part of that community, influence their environments and each other.”³ Just like health care, housing and food, this sense of connection, belonging and positive identity is a foundational need for all children.

The ongoing formation and growth of new and diverse communities in Minnesota has contributed to an evolving shared identity about what it means to be a Minnesotan, at once finding common ground and making space for the cultural and ethnic customs, ideas and traditions that enrich our cities and towns from Ely to Minneapolis to

Worthington. The “Beloved Community” as described by bell hooks [sic] in her book *Killing Rage*, “is formed not by the eradication of difference but by its affirmation, by each of us claiming the identities and cultural legacies that shape who we are and how we live in the world.”⁴ Identifying commonality among people who identify themselves differently, whether it be by race, ethnicity, gender, religion or other identifier, can serve to counteract the sense of “othering” that has been described by John A. Powell [sic], by which people are categorized and structurally marginalized based on those groupings.⁵

The Minnesota State Demographic Center has estimated that people of color and American Indians will make up one-quarter of Minnesota’s population by 2035.⁶ As our demographics continue to shift, the challenge before us in Minnesota is how to move to greater inclusion of identities, cultures, economic realities and geographic differences. By recognizing strengths and nuanced needs, especially when creating policies and programs for families and children, together Minnesotans can create an even stronger community and prosperous state now and in the future.

WHAT IS THE ROLE OF PARENTS IN CREATING COMMUNITY FOR THEIR CHILDREN?

Parents shape their children’s identities and provide the lens through which they see the world. As children grow and develop, they tend to both cling to the roots they were given by their parents and also develop their own sense of self and affiliation with groups that are aligned with their values and interests. While parents have the inherent desire and responsibility to provide basic needs and opportunities for their children, all parents lean on a number of community supports and systems to help care and provide for their children.⁷ If we think about communities being embedded in each other, parents represent the first ring for a child within a set of concentric circles. Informal supports, like family, friends, neighborhoods and faith communities, as well as formal supports, like public education and work support programs such as Medicaid, food support and child care assistance programs, are both essential to the development of children and resources that communities depend on to thrive.

Research shows that when families are less isolated and have a stronger network of support their children are more likely to do well.⁸ In recent years the way we work and live has changed significantly. Most families now need two wage earners to make ends meet, creating significant demands on parents and the need for community supports such as stable child care and quality

after-school programs. For single parents the demands are even greater with only one income to provide for their children and one person to work out the daily logistics of transportation to work, school and activities; child care, meals and household chores. For these reasons, supportive community and accessible resources are even more vital to the success of families. Social capital, defined as “the social relationships and patterns of reciprocal, enforceable trust that enable people and institutions to gain access to resources like social services, jobs, or government contracts”⁹ is critical for families to have the resources and relationships to support them through everyday challenges and when they inevitably encounter a crisis. Research shows that in addition to more income and assets and improved formalized supports and institutions, affluent individuals and communities also have stronger networks and more powerful social capital. Communities are built on the social capital of their individual members, so when areas have concentrated poverty, institutional segregation, or isolation, this affects access to social capital to support the community’s overall success and the success of its members.

Individual connections that provide mutual support are critical to ensuring family success, but they are not a replacement for community and government infrastructure, services and programs that allow all families and children to thrive. Structural racism, segregation and systematic inequities in community development historically have created concentrations of under-resourced communities with high concentrations of poverty and inequitable access to resources. In Minnesota, children of color and American Indian children live in these neighborhoods at twenty times the rate of White children.¹⁰ Children living in these communities, regardless of their own family’s social and economic status, have been shown to have poorer immediate and long-term health, academic and economic outcomes.¹¹ Intentional, holistic, community-driven interventions in these areas to build an integrated network of supports and social capital, such as the federal government Promise Neighborhood initiative or StriveTogether communities, have demonstrated positive success in building community and fostering family and child success.

The proverb, with likely roots in African and American Indian cultures, “it takes a village to raise a child” is true now more than ever. Communities must assess the changing needs of each of their members and make equitable, which doesn’t always mean equal, investments to ensure policies and programs catch up to the dynamic needs of Minnesota children, families and communities.

WHAT CAN COMMUNITY LEADERSHIP CONTRIBUTE TO CHILD WELLBEING?

Community building requires a concerted and intentional effort to meet the needs of each community member. Leaders in government and community organizations across Minnesota should ask: What do the children in our area need in order to be healthy contributors to a future, rapidly changing workforce? What key investments are necessary to provide for the needs of all children? What is the ideal combination of supports for a child in Minnesota? The answers are likely different in rural communities, where the closest neighbor may be miles away, than in urban areas, where apartment buildings are filled with people who may not know one another. Leaders must work with the people they serve to determine how to create a responsive and inclusive community that supports its members.

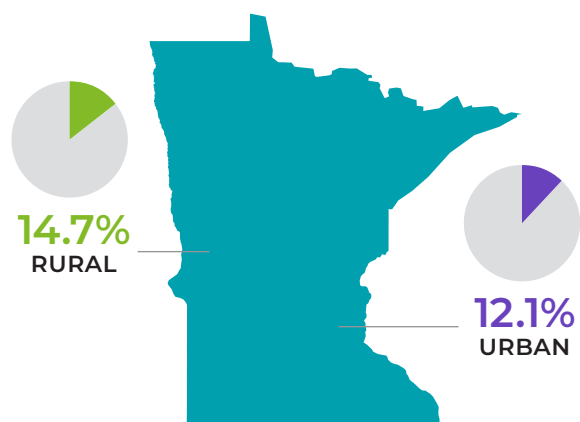
Community leaders and public officials at all levels have a role to play. Minnesota has long favored local control as demonstrated by our systems, from state-supervised, county-administered child protection and child care licensing systems to local school district levy power. As our cities become increasingly diverse across the state, leaders must demonstrate adaptive leadership skills to broaden the reach of public programs and supports to ensure that all Minnesota children are given the opportunity to learn, develop and thrive in a way that is aligned with each child's culture and unique set of needs. We must leverage community assets and strengths to evaluate existing policies and programs, and develop new ones, that effectively serve all our residents. Often programs

designed to help have not served all of our families in a culturally appropriate and equitable capacity. Family, friends, neighbors, government, business leaders and community organizations all share the responsibility to ensure children have the tools and resources to fulfill their potential.

In recent years Minnesota has made investments and policy changes that are building a stronger foundation to help the state's children to reach their full potential. Some of these include raising the minimum wage, investing in early childhood education and the Child Care Assistance Program, and expanding insurance coverage for more children. For the state to maintain its economic vitality, Minnesota must build upon these gains to address the most pressing challenges children and families face and work with communities facing greater barriers.

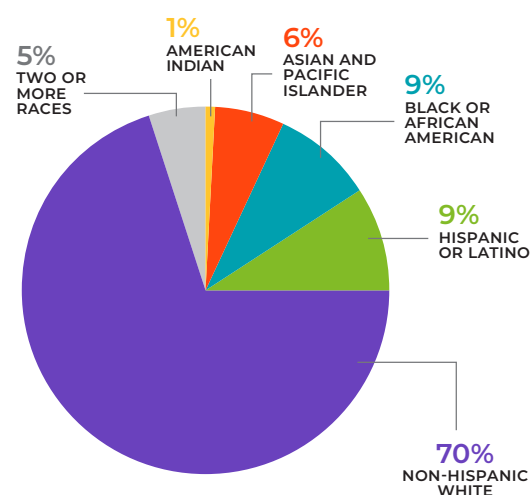
We have an opportunity in 2019 to engage a new set of government leaders in a dialogue about the needs of our communities throughout the state. Together, we can remind leaders of their commitment to all constituents and advocate for programs and policies that work to address disparities in outcomes for children of color and American Indian children. If we want to make transformative change that eliminates the bias and structural inequity that has led to deep disparities, we must ensure that policies and programs adapt to our dynamic population and serve the entire community. Using the ingenuity of the past to adapt strategies to serve the changing Minnesota population is not only possible, but necessary to guarantee a future where all children and families in communities across Minnesota can thrive.

CHILD POVERTY RATES IN RURAL AND URBAN MINNESOTA, 2016



Source: Calculations by Save the Children based on data from the U.S. Census Bureau 2016 American Community Survey 1-Year Estimates, American Fact Finder: Table B17020, "Poverty Status in the Past 12 Months of All Children Under 18 Years by Family Type by Age of All Children Under 18 Years."

PERCENTAGE OF MINNESOTA CHILDREN BY RACE AND ETHNICITY, 2016



Source: Population Division, U.S. Census Bureau.

Census 2020

In 2020 the U.S. Census Bureau will complete its decennial count of all Americans with the stated goal to “count everyone once, only once, and in the right place.” This massive undertaking is critical to providing the data that informs the public about the lives, needs and outcomes of Americans — including much of the data in this report. However, despite the efforts of the Census Bureau, federal and state government, and nonprofits, there is often an undercount in the Census. The effect of an undercount in the Census is felt by children and families through lower funding allocations for a number of federal, state and local programs that support economic stability, nutrition, housing, health and education.

For example, in Hennepin County, in the ZIP codes that ranked in the top 100 in Minnesota for population loss between 2000 and 2010, there was a combined “loss” of 37,079 people. Meanwhile, in Ramsey County, in the ZIP codes that ranked in the top 100 in Minnesota for population loss between 2000 and 2010, there was a combined “loss” of 18,912 people. What is not knowable is whether there was a true drop in population or whether it was a Census undercount.

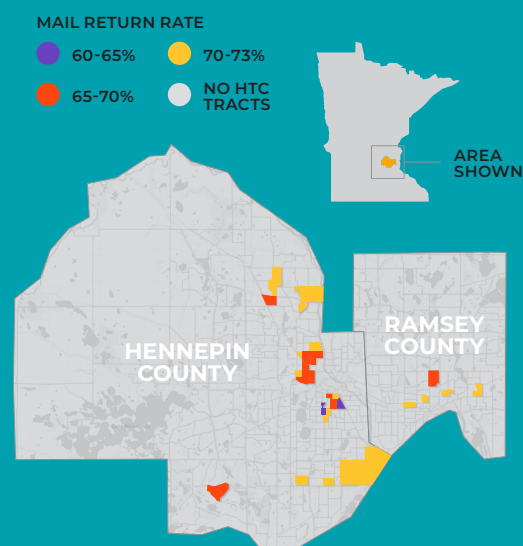
The drop in recorded population for just these areas cost the State of Minnesota, the respective counties, and corresponding cities an estimated \$850,778,212 in money over the decade from the 16 largest federal programs that determine funding levels based on decennial census count. These include vital programs that children and families rely on, such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), Section 8, School Meal Program, Low Income Home Energy Assistance Program (LIHEAP), and Head Start, all of which are funded using the Census count. This estimate does not include money allocated by the state, which also relies on census data.

Many of the populations with the characteristics listed above have some of the poorest health, academic, social, and employment outcomes, so using the Census to identify and address their needs through public and private programs is critical to ensuring their entire community thrives. For this reason, a successful 2020 Census count is important to all Minnesotans. Collaborative efforts are already underway to help ensure the upcoming count is as accurate as possible. The Minnesota Census Mobilization Partnership, led by the Minnesota Council on Foundations, has started engaging communities in Census outreach and promoting participation in Complete Count Committees across the state. CDF-MN is participating in this effort. Visit <https://mcf.org/2020-census-and-american-community-survey> for more information.

Some characteristics of hard-to-count areas and individuals that correlate with high non-response rates include:

- 1 CHILDREN UNDER 5
- 2 VACANT HOUSING UNITS
- 3 MULTI-FAMILY HOUSING
- 4 RENTER OCCUPIED HOUSING UNITS
- 5 OCCUPIED UNITS WITH MORE THAN 1.5 PEOPLE PER ROOM
- 6 ADULTS THAT ARE NOT HIGH SCHOOL GRADUATES
- 7 PEOPLE LIVING BELOW POVERTY LEVEL
- 8 HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE
- 9 UNEMPLOYED
- 10 LINGUISTICALLY ISOLATED HOUSEHOLDS

HARDEST TO COUNT (HTC) CENSUS TRACTS IN HENNEPIN AND RAMSEY COUNTIES, 2010



Source: CUNY Mapping Service at the Center for Urban Research, CUNY Graduate Center.



About the Data Book

This data book examines key child well-being indicators over time and across specific demographic groups to highlight the needs of children, lift up the success of community and to suggest policies and investments in child outcomes and long-term statewide progress. The data book sections are organized by critical areas of childhood needs: safe and supportive homes and communities, high-quality early childhood and K-12 education, economic well-being, and health coverage and care. Each section includes several key indicators that contribute to immediate and long-term child outcomes to demonstrate positive and negative changes over time, disparities among specific populations, and where policies and programs could support improvement.

Policy recommendations are also included in each section to provide solutions to support success for all Minnesota children. Due to limited space, we highlighted some needed policy changes and investments while recognizing there are others that have or could be successful in advancing children and families. The goal of highlighting these indicators alongside policy recommendations is to promote data-driven solutions that increase the likelihood that all children have the best outcomes through living in economically stable

households, accessing health coverage and care, experiencing high-quality early childhood and K-12 education, and thriving in safe and supportive homes and communities.

Included throughout the data book are spotlights from individuals, programs and communities throughout Minnesota that represent the array of perspectives and opportunities for children and families to engage and contribute to the success of their family and to the greater community in which they live.

At the end of the data book are the statewide data tables that are published in every Minnesota KIDS COUNT Data Book. All of this data - and more - can be found online on the KIDS COUNT Data Center at www.datacenter.kidscount.org. County-level fact sheets can be found online at www.cdf-mn.org.

Children's Defense Fund-Minnesota is committed to providing data, best practices and policy recommendations with a focus on increasing access to opportunities for lower income children, children of color and American Indian children, and this data book is just part of that commitment.

Safe and Supportive Homes and Communities

The safety and well-being of children is critical to a healthy community, one in which people have access to supportive family, friends and neighbors to ensure that they have their basic needs met, in supportive environments. Communities that can offer children high-quality schools, access to healthy foods, affordable housing and adequate health care services are key to children's overall success and long-term outcomes.

COMMUNITY SPOTLIGHT Wakanheza Project

The Wakanheza Project provides trainings and tools to individuals and organizations to create welcoming environments and authentically build community - where everyone feels welcome, included and a sense of belonging. The Dakota word Wakanheza means child, and its literal translation is "sacred being." Through the work of this project, equity, embracing diversity, stress reduction, violence prevention and helping to create safety and well-being are upheld and modeled. As a nationally recognized approach to reducing harsh treatment of children and isolation of teens in public places, the project was originally designed as a child abuse prevention strategy but has been found to increase employee morale and improve customer service in a wide range of organizations.

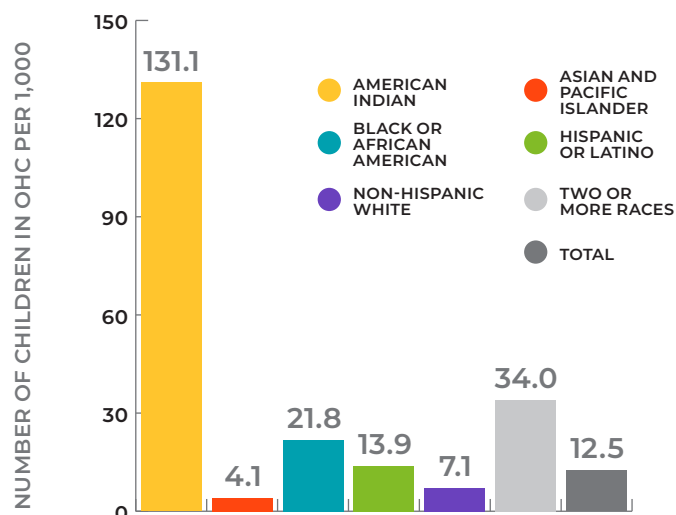
The Wakanheza Project is a proven public health model dating back to 2002. While its home is Saint Paul – Ramsey County Public Health, Creating Welcoming Environments work has been shared and replicated throughout Minnesota and in a number of other states. Learn more at: www.ramseycounty.us/residents/health-medical/public-health-initiatives/wakanheza-project

A SOMALI CHILD'S IDENTITY WHEEL¹²



Out-of-home care refers to any instance in which a child is removed from their home of origin and placed in the care of the responsible social service agency.¹³ After changes to the Child Protection System in recent years, Minnesota has seen an increase of children in OHC and significant disparities persist for American Indian and Black children.

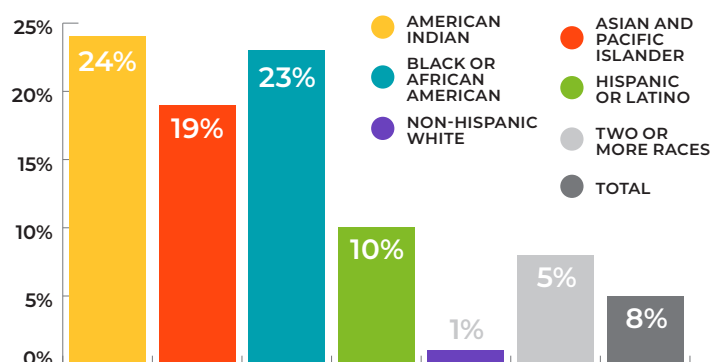
OUT-OF-HOME CARE (OHC) RATE BY RACE AND ETHNICITY, 2017



Source: Minnesota Department of Human Services, Child Safety and Permanency Division. Personal Contact with Jon Pedersen.

Neighborhoods with low rates of poverty provide increased access to resources and opportunities resulting in easier development of community and improved child outcomes.

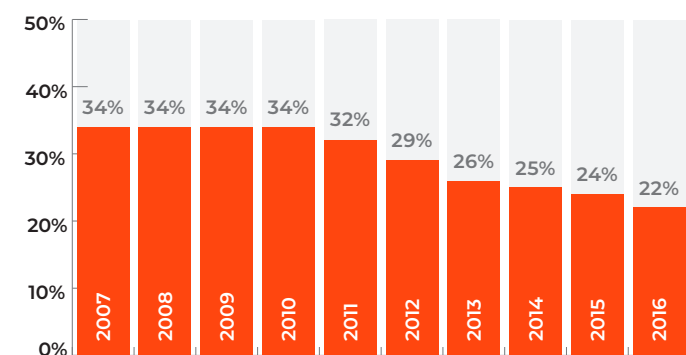
CHILDREN LIVING IN AREAS OF CONCENTRATED POVERTY BY RACE AND ETHNICITY, 2012-16



Source: U.S. Census Bureau. Note: Analysis done by Population Reference Bureau. Areas of concentrated poverty are census tracts where 30% or more of residents live in poverty.

As rates of high housing cost burden continue to decline, families have more income left over to meet other basic needs. However, low-income families, immigrant families and families of color, especially Black and American Indian families, have significantly higher rates of being housing cost burdened.

CHILDREN LIVING IN HOUSEHOLDS WITH A HIGH HOUSING COST BURDEN, 2007-16



Source: U.S. Census Bureau. Note: Analysis done by Population Reference Bureau. A high housing cost burden is defined as rent or mortgage costs being more than 30 percent of household income.



Policy Recommendations

+ ONE

Address the growing and changing needs of the child welfare system, as well as the racial disparities, by increasing state funding and continuing to analyze and implement recommendations from the Governor's Task Force on the Protection of Children.

+ TWO

The Child Protection System in Minnesota is state supervised, county administered, meaning that each county and Tribe establishes its own procedures for its handling of child protection cases. We recommend incorporating the provisions included in the federal Family First Prevention Services Act to support keeping children in their homes if they are safe from harm, and provide services to parents and children to strengthen and support their needs.

+ THREE

Implement the six goals recommended by Governor Dayton's Task Force on Housing: 1. Commit to homes as a priority. 2. Preserve the homes we have. 3. Build more homes. 4. Increase home stability. 5. Link homes and services. 6. Support and strengthen homeownership.¹⁴

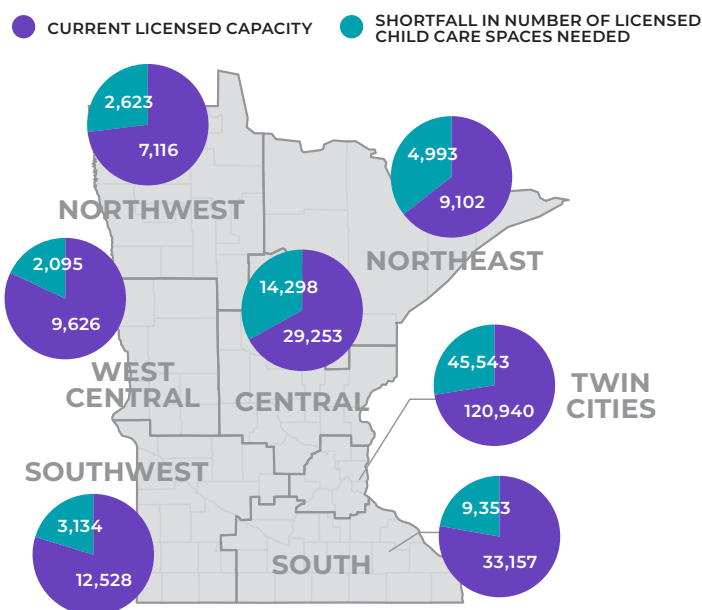
+ FOUR

Target infrastructure and community investment spending to high-poverty neighborhoods that increases access to public transportation, creates jobs, boosts local revenue and revitalizes communities.

High-Quality Early Childhood and K-12 Education

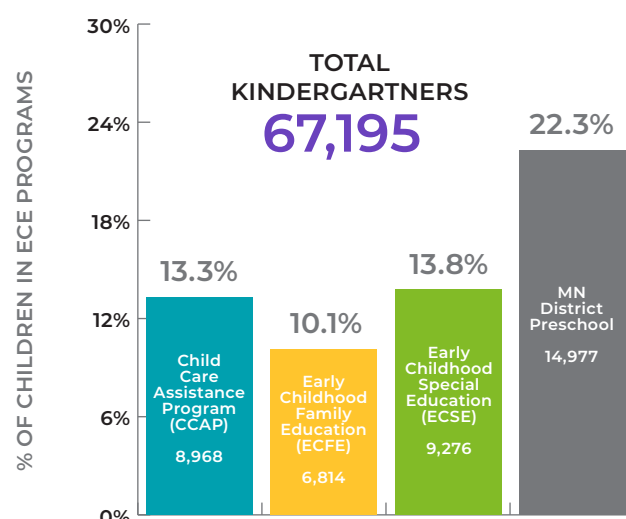
Schools and school districts are often a major hub in communities and are one of the main places children and families go to learn, build relationships, and receive support. Starting in children's first years, early education programs provide critical supports for brain development to ensure positive outcomes later in a child's life. With the passage of the Every Student Succeeds Act, schools are trying to use data to assess how well they are building a school community. Policymakers, educators and business leaders all have become more and more attuned to the benefits of early childhood education and the research that shows a young child's brain development sets a trajectory for future success. For children whose development is disrupted by trauma such as homelessness, abuse or inadequate nutrition, early intervention can help stave off negative consequences to brain development and improve readiness for learning. Continued supportive environments within K-12 classrooms that put effort into helping all students fall in love with learning and reach their full potential is essential to preparing our future workforce and to safeguarding Minnesota's prosperous economy.

MINNESOTA CHILD CARE DESERTS, 2016



Source: MN Dept. of Human Services; U.S. Census Bureau.

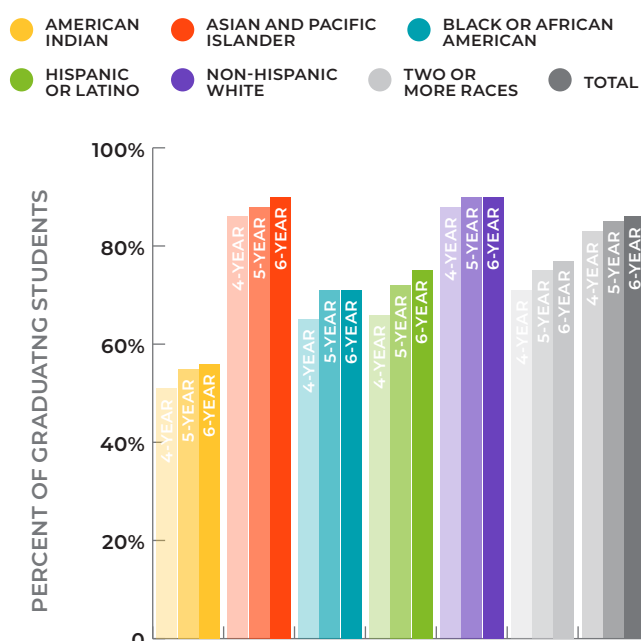
EARLY CHILDHOOD PROGRAM PARTICIPATION PRIOR TO KINDERGARTEN ENTRY FOR KINDERGARTNERS ENROLLING IN 2017



Source: Minnesota Early Childhood Longitudinal Data System, ecelds.mn.gov.

Note: Data includes participation in each program at any point prior to kindergarten entry. District programs, including District Preschool, ECSE and ECFE only include participation four years prior to kindergarten entry.

GRADUATION RATES BY RACE AND ETHNICITY, 2016-17



Source: MN Department of Education Data Center.

COMMUNITY SPOTLIGHT

Southern Minnesota Initiative Foundation

Child care shortages affect communities across Minnesota. In the 20-county region of south central and southeast Minnesota, there is a shortage of 8,616 child care slots.¹⁵ Southern Minnesota Initiative Foundation (SMIF), in partnership with First Children's Finance and Child Care Aware at Families First of Minnesota, is actively working with communities in southern Minnesota to find solutions to the shortfall. More than 200 people, including child care providers, economic development authority representatives, elected officials, and other community leaders, attended two summer work sessions to identify and strategize innovative approaches to increase child care access in their communities.

SMIF offers grant opportunities for communities to address child care shortages. By addressing the issue on a local level, using community input and innovative strategies, the solutions are more likely to be sustainable and appropriate for the needs of children and families. SMIF recognizes the value to the local economy of current child care providers and works to retain them by providing support such as free/reduced cost trainings and access to resources for their businesses.



Policy Recommendations

EARLY CHILDHOOD EDUCATION

- + A mixed-delivery early childhood education system is important to ensure that all children's early education needs are met in a way that best aligns with family and cultural needs. Fully-funded Child Care Assistance Program, Early Learning Scholarships, Head Start and School Readiness and Voluntary Pre-Kindergarten Programs would better serve Minnesota's children from birth through age five.
- + Promote cultural competency in early childhood and child care programs by incorporating standards into ParentAware and laws governing programs and support efforts to diversify and retain the early childhood workforce.
- + Invest in the Community Solutions Fund for Healthy Child Development Grant Program that would provide grants to community organizations that serve specific populations of color to develop innovative solutions to improve outcomes, promote equity and reduce racial disparities in early childhood.
- + Consider the Spring 2018 analysis of early childhood programs by the Office of the Legislative Auditor¹⁶ and determine opportunities to streamline funding, application processes and programs to simplify eligibility for early childhood services.

K-12 EDUCATION

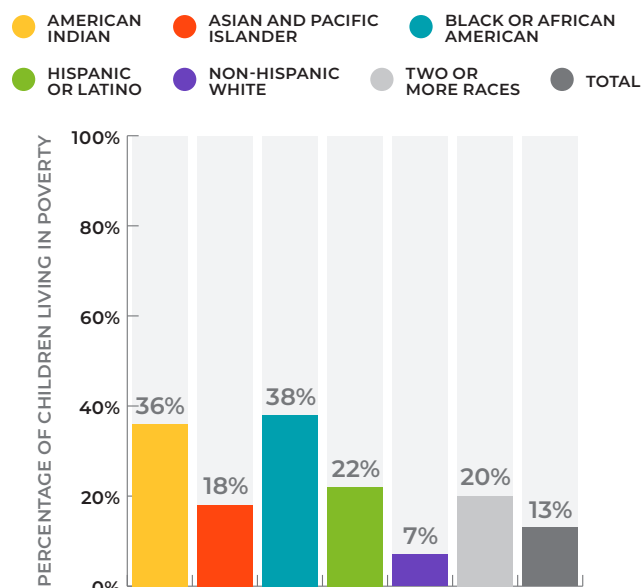
- + Increased research demonstrates the significant effect good attendance has on standardized test scores, graduation rates, and academic achievement. Investments are needed for programs that increase attendance, address student health concerns and provide transportation and other key supports that help get students to school.
- + Teachers of color positively affect students of color, as evidenced by increased rates in attendance, standardized test scores, and enrollment in advanced courses and college. Innovative policies should be developed to attract and retain teachers of color.
- + Targeting resources to high-quality summer and afterschool programs can improve academic outcomes and keep students fed and in a safe, enriching environment outside of school hours.

Economic Well-being

Communities with lower rates of poverty have increased access to community supports, healthy food, more abundant outdoor experiences, and safer streets and, in turn, improved outcomes for their youngest residents regardless of their own household income. Children who live in families that have access to stable housing, adequate health care, and can afford healthy meals have a greater chance at immediate and long-term healthy development and outcomes resulting in compounding positive societal benefits and cost savings.¹⁷ In fact, research shows that economic inequality in a society

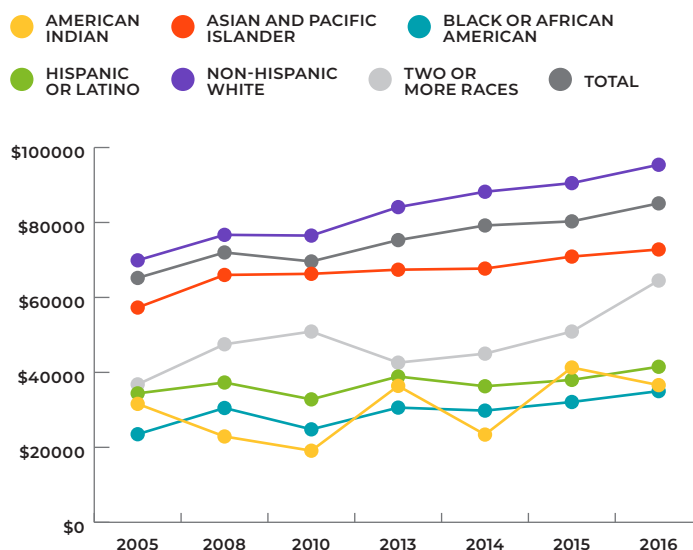
hurts all its members through diminishing economic growth and reducing beneficial opportunities for children.¹⁸ Even small increases in family income have significant effect on child outcomes — even as little as \$1,000 in annual income in early childhood has proven to improve academic outcomes.¹⁹ However, historical and institutional racism and inequitable policies hold back the economic potential of people of color, American Indian people and people from lower income backgrounds, and, therefore, every Minnesotan in communities across the state.

PERCENTAGE OF CHILDREN LIVING IN POVERTY BY RACE AND ETHNICITY, 2016



Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2016.

MEDIAN FAMILY INCOME BY RACE AND ETHNICITY, 2005–16



Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2005, 2008, 2010, 2013, 2014, 2015, 2016 American Community Survey.

Amidst a growing economy and lowering rates of poverty, lower income families are still struggling. Wages are finally starting to rise but so is the cost of living, resulting in what some economists say is a net loss for families, especially for those living paycheck to paycheck.

STATEWIDE LIVING WAGE FOR TWO EARNERS WITH TWO CHILDREN, 2018

\$21.23 HOURLY **\$88,296** ANNUALLY

Source: <http://mn.gov/deed/data/data-tools>.



Policy Recommendations

MINIMUM WAGE, 2018 AND 2019

	2018	2019*
FEDERAL	\$7.25	\$7.25

STATE

Large Employers	\$9.65	\$9.86
Small Employers	\$7.87	\$8.04

MINNEAPOLIS

Large Employers	\$11.25	\$12.25
Small Employers	\$10.25	\$11.00

*Statewide, as of January 1; Minneapolis, as of July 1

COMMUNITY SPOTLIGHT Blandin Foundation

What we've learned is that real communities are built on the hard work of leadership, genuine inclusion, reaching across boundaries and building lasting connections. On commitments — families facing hardship together, individuals prepared to make a stand when it matters most. And on belonging — that indelible sense of place that we call home. That's the fertile soil in which healthy communities grow.

Residents imagining, leading, and growing healthy, inclusive — vibrant — communities. Given our vision of healthy, inclusive rural Minnesota communities, we see a world of possibilities.

Blandin Foundation, located in Grand Rapids, stands with rural Minnesota communities as they design and claim ambitious, vibrant futures.

+ ONE

Increase the Minnesota Family Investment Program (MFIP) cash grant. The grant has remained the same since 1986 and is currently maxed out at \$532 for a family of three.

+ TWO

Create a statewide Paid Family and Medical Leave Insurance program so parents and caregivers don't have to sacrifice economic security to take off work to bond with a newborn or recently adopted child or care for themselves or a family member when ill.

+ THREE

Expand the Working Family Credit by increasing the income thresholds and credit amounts to catch up with the rising cost of living and raising children.

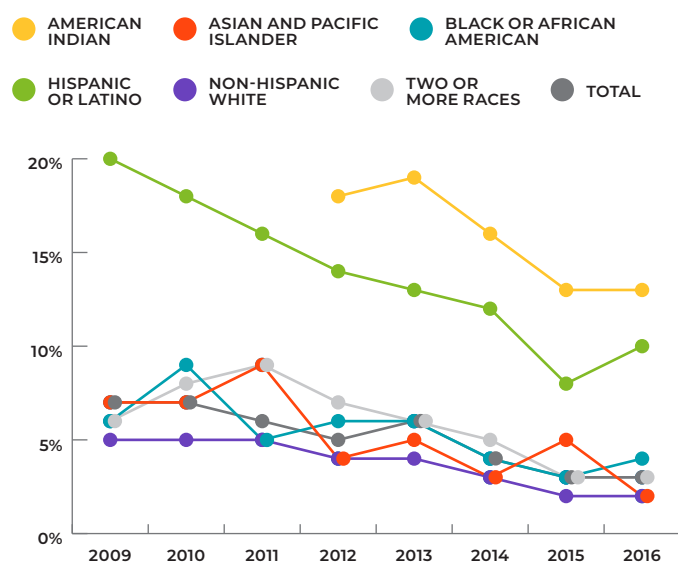
+ FOUR

Create a state Child Tax Credit to help lower income families afford the ever-growing cost of raising children.

Health Coverage and Care

For communities to be healthy, they must pay attention to the overall health and well-being of each individual member. Access to health care and dental care is of critical importance to a child's growth and development. Affordable and accessible health insurance coverage is a key tool to ensure that children receive the preventive care and treatment that support their health and well-being. In recent years, fueled by Medicaid, Children's Health Insurance Program (CHIP) and the Affordable Care Act, progress has demonstrated, it is not only possible but also economically sensible to ensure all children have access to health insurance and care. Racial and ethnic disparities in health insurance coverage are a continued concern in Minnesota that should be addressed through targeted outreach and enrollment efforts. When more Minnesotans have access to preventative and adequate health care, the whole community benefits from improved health, lower uncompensated care, and more productive citizens.

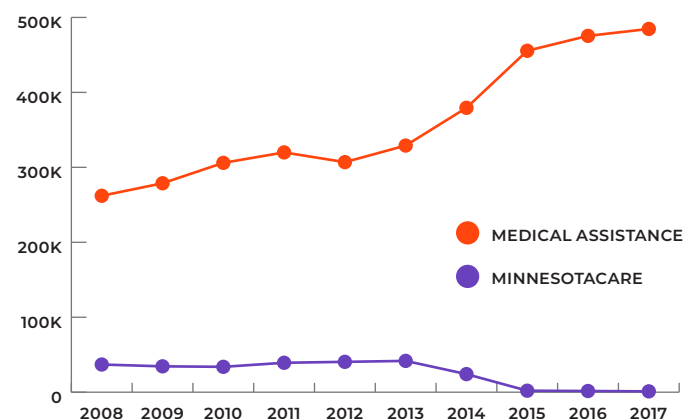
PERCENTAGE OF CHILDREN WITHOUT HEALTH INSURANCE BY RACE AND ETHNICITY, 2009-16



Source: U.S. Census Bureau, American Community Survey. Note Analysis done by Population Reference Bureau. Data for American Indian Children was not available from 2009-2011.

Since the implementation of the Affordable Care Act (ACA) in 2013, Minnesota has seen a 60 percent decline in the number of uninsured children. In part, this is due to changes in Medicaid (called Medical Assistance (MA) in Minnesota) that were allowed under the ACA to expand eligibility requirements making more children eligible for the program. In Minnesota, these expanded requirements also precipitated changes to the MinnesotaCare program, which had covered children from higher income families that were ineligible for MA prior to the ACA. In 2013, these children were moved from MinnesotaCare to MA, leaving parents, adults without children and less than 1,200 children enrolled in MinnesotaCare. The ACA also provided for increasing funding for outreach and enrollment efforts in all states, which also led to increased awareness and enrollments numbers in MA.

AVERAGE MONTHLY ENROLLMENT OF CHILDREN IN MINNESOTA HEALTH CARE PROGRAMS, 2008-17



Source: MN Department of Human Services, Personal Contact with Ray Kurth-Nelson.

CHILDREN ENROLLED IN MINNESOTA HEALTH CARE PROGRAM (MA OR MNCARE) WHO SAW A DENTIST, AS % OF CHILDREN ENROLLED IN MHCP

36.5%
238,595
CHILDREN



Source: Minnesota Department of Human Services, Children's Oral Health Data.

COMMUNITY SPOTLIGHT

Community Connect

Children's experiences at home, school, and in their neighborhoods are major drivers of health and well-being. Only 20% of health outcomes are attributable to clinical care while 80% are tied to a broader set of complex factors, including the availability of nutritious food, adequate housing, safe spaces to play and be active, personal security, quality education, and social support services. While the impact of these factors is well-understood, the ability to integrate responsive support into the medical setting creates a transformative opportunity.

Children's Minnesota is redesigning its care model to increase opportunities for patients and families to be healthy – especially for those who face the greatest obstacles. Embedded in a clinical setting, Community Connect proactively explores social needs that impact health, streamlines access to supportive resources, and ensures that essential services are received. This comprehensive approach increases access to beneficial resources while empowering family decision-making and helping deliver more equitable care and better health outcomes.

A diverse team of multi-lingual and multi-cultural Resource Navigators partner with families to identify and access additional resources to support health and well-being. The team collaborates with local community organizations to coordinate resources, promote family stability, and strengthen communities.

A specific success of the project is of one mother who was referred to Community Connect for food support. She was receiving WIC but was unable to work because she couldn't afford child care for her 3 year-old. The Resource Navigator connected the family to a community partner and she was approved for child care assistance and then was able to look for work. The Resource Navigator also provided resources for food pantries close to home and coordinated a referral to an organization that helped the family apply for SNAP benefits.

Through these efforts, the mother was able to access additional resources and opportunities to support herself and her children, creating a pathway for better health and well-being.



Policy Recommendations

+ ONE

Address disparities in access to coverage and health outcomes, identify options for expanding access to coverage to all children, regardless of immigration and residency status.

+ TWO

Target outreach and enrollment efforts and investments to American Indian, Hispanic and Latino communities to ensure those eligible for Medical Assistance or insurance subsidies enroll.

+ THREE

Continue to increase funding and access to Family Home Visiting services with priority given to culturally relevant services targeted to families of color and American Indian, especially expecting parents at increased risk for negative birth and infant outcomes.

+ FOUR

For many years, children enrolled in MA have found it challenging to access dental care. Identify barriers to access and develop solutions to improve coverage and care for dental treatment.

+ FIVE

Extend the provider tax, set to sunset at the end of 2019, that provides funds to the Health Care Access Fund.

Federal Policy Highlights

STATE AND FEDERAL POLICIES AFFECT HOW CHILDREN'S SERVICES ARE DESIGNED AND PROVIDED IN COMMUNITIES THROUGHOUT MINNESOTA.

Minnesota families and communities rely on a robust and comprehensive array of services to be in place to ensure all children's basic needs are met and they can access opportunities to help them thrive. Despite divisive rhetoric and increased proposals and actions at the federal level to cut programs that support children, families and communities, the bipartisan budget agreement signed into law in early 2018 included two notable recent investments and policy improvements that will increase funding and improve services that support children and families across the country and in Minnesota.

THE FAMILY FIRST PREVENTION SERVICES ACT

was included in the budget package as the most significant federal change in child welfare policy in several years. Its provisions include a shift in allowable use of Title IV-E funds to include prevention services such as substance abuse treatment and in-home parenting skills training to prevent out-of-home placement. It also would extend Independent Living Skills services to youth aging out of foster care to age 23 (currently 21) and education and training vouchers to age 26 (currently 23)²⁰. The Minnesota Department of Human Services (DHS) is reviewing the provisions and determining its plan for implementation. The act is set to take effect in Fiscal Year 2020. CDF-MN supports this act because research shows that funding prevention services and training programs for parents can promote child well-being and keep families together.

THE FEDERAL CHILD CARE AND DEVELOPMENT BLOCK GRANT (CCDBG)

received a funding appropriation of \$5.8 billion allocated over the next two years that effectively doubled the total amount granted to states to provide and improve child care assistance programs. CDF-MN has focused much of its advocacy efforts on increasing funding and making family-friendly improvements for the Child Care Assistance Program (CCAP) in coalition for the past several years and has been successful in bringing the first state increase in funding for CCAP in more than a decade and passing some of the family-friendly improvements outlined in the 2014 federal CCDBG reauthorization. This new federal funding totaling about \$50 million in Minnesota will be critical to making additional

family-friendly improvements, including provider rate increases and provisions to improve access for homeless families, required of states under the federal CCDBG reauthorization as well as has the potential, when combined with state investment, to serve more families. Currently, 78 percent of income and work eligible children are not enrolled in CCAP²¹ in part due to lack of funding and nearly 2,000 families are on a statewide waiting list for the program.²²

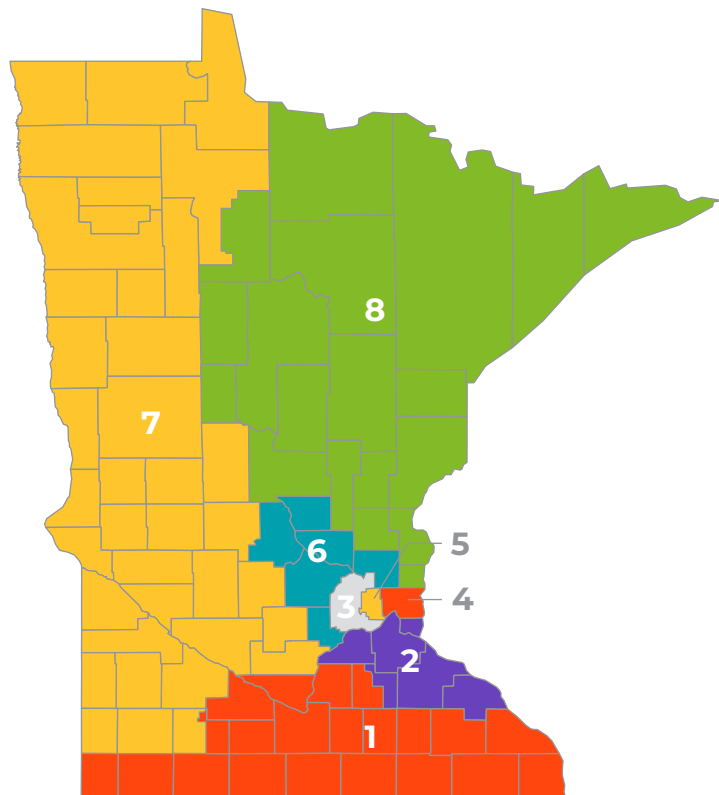
COMMUNITY SPOTLIGHT Patina Park

What does Community mean to me?

My community is my family.
No matter how messy.
No matter how complicated.
No matter how dysfunctional or challenging.
My community is my family.
Family looks out for each other.
Family loves each other, even when we are unhappy with something they've done.
Family supports each other.
Family celebrates with each other.
Family cares for each other.
And at its very core, community loves, honors, and respects the full humanity of each community member, because we are family.

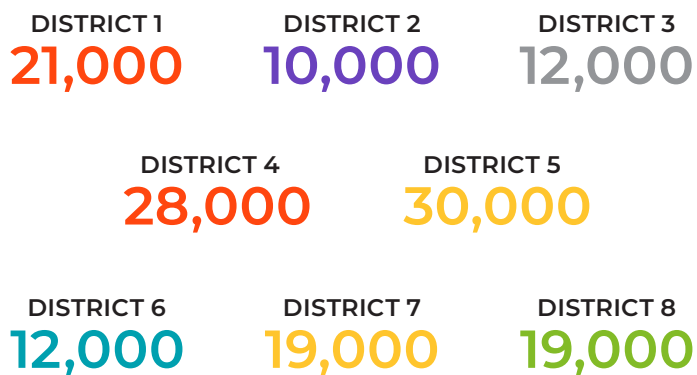
Patina Park, Executive Director
Minnesota Indian Women's Resource Center

CONGRESSIONAL DISTRICT BOUNDARIES, 2018



Source: Office of the Minnesota Secretary of State.

NUMBER OF CHILDREN LIVING IN POVERTY BY MINNESOTA CONGRESSIONAL DISTRICT, 2017



Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2017 American Community Survey.



State-Level Data Tables



State-level data historically collected in the Minnesota KIDS COUNT Data Book can be found on the following pages. The data are broken out into eight categories so that readers can easily find the information:

- Demographics
- Family and Caregivers
- Economic Security
- Early Childhood
- K-12 Education
- Healthy Development
- Food and Nutrition
- Safe Homes and Communities

Indicators available at the county level are highlighted with a CT in the left hand column. Please visit the KIDS COUNT Data Center (datacenter.kidscount.org) to find the most recent county-level information along with other state-level data.

CT = Data also available by county on KIDS COUNT Data Center website: <http://datacenter.kidscount.org>

	DEMOGRAPHICS	NUMBER	PERCENT/ RATE	YEAR(S)
CT	Child population, As % of total population	1,290,638	23%	2016
	Children 0-4, As % of children	352,524	27%	2016
	Children 5-11, As % of children	506,834	39%	2016
	Children 12-14, As % of children	213,305	17%	2016
	Children 15-17, As % of children	213,897	17%	2016
CT	Children by Race/Ethnicity			
	White, non-Hispanic, As % of children	901,949	70%	2016
	Black, non-Hispanic, As % of children	113,487	9%	2016
	American Indian, non-Hispanic, As % of children	18,325	1%	2016
	Asian, non-Hispanic, As % of children	77,724	6%	2016
	Two or more races, non-Hispanic, As % of children	63,516	5%	2016
	Hispanic or Latino, As % of children	112,613	9%	2016

FAMILY AND CAREGIVERS

NUMBER

PERCENT/
RATE

YEAR(S)

Households raising children, As % of all households

619,038

31%

2016

Children in households:

with married adults, As % of children in households

912,000

71%

2016

with mother only, As % of children in households

255,000

20%

2016

with father only, As % of children in households

106,000

8%

2016

Children being raised by unmarried, cohabitating partners,
As % of children

110,000

9%

2016

Children being raised by grandparents, As % of children

23,000

2%

2016

Children in immigrant families (child and/or parent is foreign-born),
As % of children

244,000

19%

2016

CT Total births, Rate per 1,000 children

69,746

12.6

2016

Births by Maternal Education, As % of births

Less than 4 years of high school

7,323

10.5%

2016

4 years of high school or GED completed

11,717

16.8%

2016

Some college credit but no degree

12,903

18.5%

2016

Associate's Degree

9,206

13.2%

2016

Bachelor's Degree

18,971

27.2%

2016

Master's, Doctorate, or Professional Degree

9,555

13.7%

2016

Births to US-born mothers, As % of births

56,354

80.8%

2016

Births to foreign-born mothers, As % of births

13,392

19.2%

2016

Children born to married mothers, As % of births

47,288

67.8%

2016

CT Children born to unmarried mothers, As % of births

22,458

32.2%

2016

CT Children born with no father listed on the birth certificate, As % of births

7,951

11.4%

2016

CT Children born to teenage (age 15-17) mothers,
Rate per 1,000 15- to 17-year-olds, 2014-2016

5.8

2014-16

CT Children in the Family Assessment Response program,
Rate per 1,000 children

23,713

18.4

2017

CT Children in out-of-home care, Rate per 1,000 children

16,593

12.5

2017

Children aging out of foster care without a permanent family

51

2016

Children remaining under state guardianship, year-end

1,074

2016

ECONOMIC SECURITY		NUMBER	PERCENT/ RATE	YEAR(S)
	Children living in extreme poverty, As % of children	71,000	6%	2016
CT	Children living in poverty, As % of children	161,000	13%	2016
	White children in poverty, As % of all White children	61,000	7%	2016
	African American children in poverty, As % of all African American children	42,000	38%	2016
	Asian children in poverty, As % of all Asian children	13,000	18%	2016
	American Indian children in poverty, As % of all American Indian children	7,000	36%	2016
	Hispanic children in poverty, As % of all Hispanic children	24,000	22%	2016
	Children of Two or More Races in poverty, As % of all children of Two or More Races	16,000	20%	2016
	Immigrant children in poverty, As % of all immigrant children	56,000	23%	2016
	Children age 5 and under living in poverty, As % of children age 5 and under	56,000	14%	2016
	Children age 5 and under living below 185% of poverty	122,500	30%	2016
	Children below 200% of poverty, As % of children	389,000	31%	2016
	Families living in poverty, As % of families	62,000	10%	2016
	Married-couple families with children in poverty, As % of all married-couple families with children	16,000	4%	2016
	Single-parent families with children in poverty, As % of all single-parent families with children	46,000	24%	2016
	Entire population living in poverty, As % of population	533,000	10%	2016
	Median annual income of families raising children (in 2016 dollars)	\$85,100		2016
	Median annual income of White families (in 2016 dollars)	\$95,400		2016
	Median annual income of African American families (in 2016 dollars)	\$35,000		2016
	Median annual income of American Indian families (in 2016 dollars)	\$36,600		2016
	Median annual income of Asian families (in 2016 dollars)	\$72,800		2016
	Median annual income of Hispanic families (in 2016 dollars)	\$41,500		2016
	Median annual income of families of Two or More Races (in 2016 dollars)	\$64,500		2016
	Families with all resident parents in the workforce, As % of families	496,527	80.2%	2016
CT	Tax households who claimed the Earned Income Tax Credit (EITC)	326,000		2017
CT	Total value of the EITC	\$720,000,000		2017
	Families in the Minnesota Family Investment Program (MFIP)	30,143		2016
CT	In Child-only cases	9,419		2016
CT	In Adult-eligible cases	20,724		2016
CT	Percent of families collecting child support, As % of eligible families		75%	2016
	Households headed by unmarried women who are receiving child support, As % of households headed by unmarried women	40,000	34%	2016

EARLY CHILDHOOD		NUMBER	PERCENT/ RATE	YEAR(S)
CT	Children born preterm, As % of births	4,652	6.9%	2016
CT	Children born at low-birthweight, As % of births	3,328	4.9%	2016
	Children age 3 and 4 not enrolled in preschool	80,000	55%	2014–16
CT	Annual cost of center-based child care			
	Infant	\$15,550		2017
	Toddler	\$13,450		2017
	Preschooler	\$11,950		2017
	School-Age	\$9,850		2017
CT	Annual cost of family-based child care			
	Infant	\$8,150		2017
	Toddler	\$7,800		2017
	Preschooler	\$7,450		2017
	School-Age	\$6,600		2017
	Children under age 6 with all available parents in the workforce, As % of children under age 6	308,000	75%	2016
	Children in the Child Care Assistance Program (CCAP), average monthly enrollment			
	Minnesota Family Investment Program (MFIP) or Transition Year Child Care Assistance Program	15,927		2017
	Basic Sliding Fee (BSF)	13,241		2017
	Families on waiting lists for the CCAP	1,907		Aug-18
	Total Enrollment in Head Start or Early Head Start	17,732		2017
	Children served by Part C Early Intervention and have Individual Family Service Plans (IFSPs), 2015–16 school year	5,534		2016
	Homeless children served by Part C, 2015-16 school year	122		2015-16

K-12 EDUCATION		NUMBER	PERCENT/ RATE	YEAR(S)
	Students enrolled in non-public schools	65,785		2017-18
CT	Students enrolled in K-12 public schools	862,160		2017-18
CT	K-12 public school students with limited English proficiency, As % of K-12 public school students	70,083	8.1%	2017-18
CT	K-12 public school students enrolled in special education, As % of K-12 public school students	122,249	14.2%	2017-18
CT	Students who graduated in 4 years, As % of public school students	54,843	82.7%	2016-17
	Students who graduated in 5 years, As % of public school students	55,914	85.5%	2016-17
CT	Students who dropped out within 4 years, As % of public school students	3,110	4.7%	2016-17
	Children age 6 to 12 with all available parents in the workforce, As % of children 6 to 12	385,000	75%	2016

HEALTHY DEVELOPMENT		NUMBER	PERCENT/ RATE	YEAR(S)
CT	Children without health insurance, As % of children	43,000	3%	2016
CT	Average monthly enrollment of children in Medical Assistance	484,650		2017
CT	Average monthly enrollment of families with children in MinnesotaCare	1,116		2017
CT	Children born to mothers who smoked during pregnancy, As % of births	6,137	8.8%	2016
CT	Children whose mothers received inadequate or no prenatal care, As % of births	7,602	10.9%	2016
	Children enrolled in Minnesota Health Care Program (MA or MNCare) who saw a dentist, As % of children enrolled in MHCP	238,595	36.5%	2017
CT	Children 24 to 35 months who are up-to-date with the vaccine series, As % of children 24 to 35 months		67.8%	Jul-18

FOOD AND NUTRITION		NUMBER	PERCENT/ RATE	YEAR(S)
CT	K-12 students approved for free school meals, As % of K-12 students	319,760	37.1%	2017-18
CT	Average monthly enrollment of children receiving SNAP, As % of children	201,824	15.7%	2017
	Participation in the WIC nutrition program			
	Women (pregnant, breastfeeding and postpartum)	52,646		2017
	Babies born to mothers enrolled in WIC	54,408		2017
	Children (1 to 5 years old)	80,982		2017
	Households with children that report "food hardship"		12.7%	2016-17
	Households that are "food insecure," As % of households	209,855	9.5%	2016
CT	Children in families visiting food shelves (non-unique, counted each visit)	1,237,688		2017
	Children in the Summer Food Service Program (average daily participation), As % of those enrolled in free school meals	46,948	14.7%	2017

SAFE HOMES AND COMMUNITIES		NUMBER	PERCENT/ RATE	YEAR(S)
CT	Children under age 6 testing positive for lead poisoning	1,094		2016
	Children living in crowded housing, As % of children	134,00	10%	2016
CT	Households where housing costs exceed 30% of income, As % of all housing units			
	Owner	254,536	16.6%	2016
	Renter	272,275	44.7%	2016
CT	Housing status of children, As % of children in occupied housing units			
	Owner	946,547	73.8%	2016
	Renter	336,037	26.2%	2016
CT	Children age 10 to 17 arrested for serious crimes, Rate per 1,000 children age 10 to 17	5,997	9.2	2016
CT	Children who died from unintentional injuries	92		2016
CT	Children abused or neglected, Rate per 1,000 children	8,447	6.6	2016
CT	Children who committed suicide or were murdered	58		2016

Technical Notes

"Children" if not otherwise defined refers to those under age 18 (0-17). A "parent" may be either biological, adoptive or a stepparent. "Families" refers to a parent raising one or more children in their household. A "household" may contain a single family, more than one family, a family and one or more sub-families (such as three generations living together), or it may contain members that are unrelated. Total and sub-group child populations used for calculating most rates are from the U.S. Census Bureau's year that corresponds to the data.

Statewide poverty estimates are based upon the universe for which poverty status is determined in the 2016 American Community Survey (ACS). Poverty status is not determined for people in military barracks, institutional quarters, or for unrelated individuals under age 18 (such as foster children). The federal poverty definition consists of a series of thresholds based on family size and composition. The poverty threshold in 2016 was defined as an annual income below \$24,339 for a family of four with two children.

Some data presented in this book is reflective of actual counts, while other data is obtained from survey estimates. In the latter case, we have rounded many figures to the nearest 500 or 1,000 to emphasize that the figure is an estimate, which contains a margin of error. For additional information about sampling methodology and confidence intervals, please refer to the original data source or contact Children's Defense Fund-Minnesota.

DEMOGRAPHICS

Child population, 2016

Source: U.S. Census Bureau, Population Estimates for July 1, 2016.

Child population by age group, 2016
Source: U.S. Census Bureau, Population Estimates for July 1, 2016.

Child population by race/ethnicity, 2016

Source: U.S. Census Bureau, Population Estimates for July 1, 2016. Note: Hispanic/Latino children are not counted in racial groupings.

FAMILY & CAREGIVERS

Households raising children, 2016

Source: U.S. Census Bureau, 2016 American Community Survey.

Children in households, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children being raised by unmarried, cohabitating partners, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children being raised by grandparents, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children in immigrant families, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Total births, 2016

Source: Minnesota Department of Health, Center for Health Statistics. 2016 Minnesota County Health Tables.

Births by maternal education, 2016

Source: Minnesota Department of Health, Center for Health Statistics. 2016 Minnesota County Health Tables.

Births to US-born mothers, 2016

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables.

Births to foreign-born mothers, 2016

Source: Minnesota Department of Health, Center for Health Statistics. 2016 Minnesota County Health Tables.

Children born to married mothers, 2016

Source: Minnesota Department of Health, Center for Health Statistics. 2016 Minnesota County Health Tables.

Children born to unmarried mothers, 2016

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables.

Children born with no father listed on the birth certificate, 2016

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables.

Children born to teenage (15-17) mothers, 2014-16

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Note: Due to small numbers, rate represents 3-year average for 2014-2016; rate given per 1,000 teenage girls ages 15 to 17.

Children in the Family Assessment Response Program, 2016

Source: Minnesota Department of Human Services. *Minnesota's Child Maltreatment Report 2016*, October 2017.

Children in out-of-home care, 2016

Source: Minnesota Department of Human Services. *Minnesota's Out-of-home Care and Permanency Report 2016*, January 2018.

Children aging out of foster care without a permanent family, 2016

Source: Minnesota Department of Human Services. *Minnesota's Out-of-home Care and Permanency Report 2016*, January 2018.

Children remaining under state guardianship, year-end, 2016

Source: Minnesota Department of Human Services, Child Safety and Permanency Division. Personal contact with Jon Pedersen.

ECONOMIC SECURITY

Children living in extreme poverty, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children living in poverty, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children in poverty by race/ethnicity, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Immigrant children in poverty, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children under age 6 living in poverty, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children under age 6 living below 185% of poverty, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Accessed on American FactFinder, Table B17024.

Children below 200% of the poverty line, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Families living in poverty, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Married-couple households with children in poverty, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Single-parent households with children in poverty, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Entire population living in poverty, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Median annual income of families raising children, 2016

Source: U.S. Census Bureau, 2016 American Community Survey.

Median family income by race/ethnicity, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: See tables B19113A, B, C, D, E, and I.

Families with all resident parents in the workforce, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Due to significant changes to the American Community Survey questions on labor force participation and number of weeks worked starting in 2008, comparisons to previous years' estimates are not recommended.

Tax households that claimed the Earned Income Tax Credit (EITC), 2017 (Tax Year 2017)

Source: Internal Revenue Service, Statistics for 2017 Tax Returns with EITC. Retrieved from <https://www.irs.gov/eitc-central/statistics-for-tax-returns-with-eitc/statistics-for-tax-returns-with-eitc>

Total value of the Earned Income Tax Credit (EITC), 2017 (Tax Year 2017)

Source: Internal Revenue Service, Statistics for 2017 Tax Returns with EITC. Retrieved from: <https://www.irs.gov/eitc-central/statistics-for-tax-returns-with-eitc/statistics-for-tax-returns-with-eitc>

Families in the Minnesota Family Investment Program (MFIP), 2016

Source: Minnesota Department of Human Services, Program Assessment and Integrity Division. Minnesota Family Investment Program and the Diversionary Work Program: Characteristics of December 2016 Cases and Eligible Adults (December 2016). Retrieved from: <https://www.leg.state.mn.us/docs/2018/other/180691.pdf>

Percent of families collecting child support, 2016

Source: Minnesota Department of Human Services, Child Support Enforcement Division. Child Support Performance Report 2016. Arrears collection based on the federal fiscal year. Retrieved from: <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-4252R-ENG>

Households headed by unmarried women who are receiving child support, 2016

Source: U.S. Census Bureau, Current Population Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

EARLY CHILDHOOD

Children born preterm, 2016

Source: Minnesota Department of Health, Center for Health Statistics. 2016 Minnesota County Health Tables. Note: Live births of babies who are less than 37 weeks gestation at birth. Single births only; not multiples.

Children born at low-birthweight, 2016

Source: Minnesota Department of Health, Center for Health Statistics. 2016 Minnesota County Health Tables. Personal contact with Judy Palermo. Note: Refers to live births during 2016 in which the child weighed less than 2500 grams (5 pounds, 8 ounces) at birth. Single births only; not multiples.

Children age 3 and 4 not attending preschool, 2014-2016

Source: U.S. Census Bureau, 2014-2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center Online.

Cost of center-based child care, 2017

Source: Child Care Aware of Minnesota. 2017 Child Care Provider Rate Survey. Personal contact with Angie Bowman.

Cost of family-based child care, 2017

Source: Child Care Aware of Minnesota. 2017 Child Care Provider Rate Survey. Personal contact with Angie Bowman.

Children under age 6 with all available parents in the workforce, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center Online.

Average monthly enrollment of children in the Child Care Assistance Program (CCAP), 2017

Source: Minnesota Department of Human Services, Minnesota Child Care Assistance Program Fiscal Year 2017 Family Profile, March 2018. Note: Monthly averages of children receiving CCAP including Minnesota Family Investment Program (MFIP), Transition Year (TY) and Basic Sliding Fee (BSF) during state fiscal year 2017 (July 1, 2015 to June 30, 2017).

Families on the waiting list for CCAP, August 2018

Source: Minnesota Department of Human Services. Note: The August 2018 waiting list was the most recent available at the time of publication.

Children served by Head Start or Early Head Start

Source: 2017 Minnesota Head Start Facts, Minnesota Head Start Association.

Children served by Part C Early Intervention Services and have Individual Family Service Plans, 2016

Source: Minnesota Part C Annual Performance Report, Governor's Interagency Coordinating Council.

Homeless children served by Part C, 2015-2016 school year

Source: Minnesota Department of Education. Homeless Children Served by Part C Infant and Toddler Intervention. Fiscal Year 2017 Report to the Legislature as required by Minnesota Statutes, section 125A.125.

K-12 EDUCATION

Students enrolled in non-public schools, 2017-18

Source: Minnesota Department of Education, Minnesota Education

Statistics Summary 2017-2018. Retrieved from Data Center at <https://education.mn.gov/MDE/Data/>

Students enrolled in K-12 public schools, 2017-18

Source: Minnesota Department of Education, Minnesota Education Statistics Summary 2017-18.

K-12 public school students with limited English proficiency, 2017-18

Source: Minnesota Department of Education, Data Center, 2017-18 Enrollments-County-Special Populations spreadsheet.

K-12 public school students enrolled in special education, 2017-18

Source: Minnesota Department of Education, Data Center, 2017-18 Enrollments-County-Special Populations spreadsheet.

Students who graduated in 4-years, 2016-2017

Source: Minnesota Department of Education, Data Center, 2016-2017 Graduation Rates.

Students who dropped out in 4-years, 2016-2017

Source: Minnesota Department of Education, Data Center, 2016-17 Graduation Rates.

Children age 6 to 12 with all available parents in the workforce, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

HEALTHY DEVELOPMENT

Children without health insurance, 2016

Source: U.S. Census Bureau, 2016 American Community Survey.

Average monthly enrollment of children in Medical Assistance (MA), 2017

Source: Minnesota Department of Human Services, Reports & Forecasts Division. Personal contact with Ray Kurth-Nelson. Note: Includes children in MFIP households. Refers to children below age 18, although 18- to 20-year-olds are eligible to receive Medical Assistance. Child's age calculated as of July 1, 2017. Children are counted in only one county even if they moved during the year. Children are counted in both Medical Assistance and MinnesotaCare enrollee counts if they were enrolled in both programs during the year.

Average monthly enrollment of children in MinnesotaCare, 2017

Source: Minnesota Department of Human Services, Reports & Forecasts Division. Personal contact with Ray Kurth-Nelson. Note: Child's age calculated as of July 1, 2017. Children are counted in only one county even if they moved during the year. Children are counted in both Medical Assistance and MinnesotaCare enrollee counts if they were enrolled in both programs during the year.

Children born to mothers who smoked during pregnancy, 2016

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Note: Births are assigned to the mother's county of residence, regardless where the birth occurred.

Children whose mothers received late or inadequate prenatal care, 2016

Source: Minnesota Department of Health, Center for Health Statistics.

2016 Minnesota County Health Tables. Personal contact with Judy Palermo. Note: "Inadequate" is defined as either no prenatal care, care beginning in the 3rd trimester, or an inadequate range of visits, regardless of when prenatal care began.

Children enrolled in Minnesota Health Care Program (MA or MinnesotaCare) who saw a dentist, 2017

Source: Minnesota Department of Human Services, Children's Oral Health Data. Personal contact with Genelle Lamont. Measured by children under age 21 who had at least one dental claim submitted for reimbursement.

Children 24-35 months who are up-to-date with the vaccine series, 2017

Source: Minnesota Department of Health, Immunization Program. Childhood Immunization Coverage in Minnesota. July 2017. Note: The vaccine series consists of 4+ DTaP, 3+ Polio, 1+ MMR, Complete Hib, 3+ HepB, 1+ Varicella, and Complete Prevnar.

FOOD AND NUTRITION

K-12 students approved for free school meals, 2017-18

Source: Minnesota Department of Education, Data Center, 2017-18 Enrollments-County-Special Populations spreadsheet.

Average monthly enrollment of children receiving SNAP, 2017

Source: Minnesota Department of Human Services. Personal contact with Dorina Nikolla and Erika Martin. Note: Average monthly enrollment during calendar year 2017 of unique children in SNAP households. Includes children from MFIP Food Portion cases. Count of children only includes SNAP-eligible children in the household.

Total participation in the WIC nutrition program, 2016

Source: Minnesota Department of Health, WIC Category and Race and Ethnicity Annual Reports. Personal contact with Joni Geppert. Data on women and children retrieved from <http://www.health.state.mn.us/divs/fh/wic/localagency/reports/pptndemo/annual/moppcat/allyears.pdf>. Data on infants retrieved from <http://www.health.state.mn.us/divs/fh/wic/localagency/reports/pptndemo/undup/allyears.pdf>.

Note: WIC is officially called the Special Supplemental Nutrition Program for Women, Infants, and Children.

Percent of households with children that report "food hardship" 2016-2017

Source: Food Research and Action Center. August 2018. Food Hardship in America: A look at national, regional, state and metropolitan statistical area data on household struggles with hunger. Retrieved from <http://www.frac.org/wp-content/uploads/food-hardship-july-2018.pdf>

Percent of households that are "food insecure," 2015-17

Source: U.S. Department of Agriculture, Economic Research Service, Household Food Security in the United States, 2015-17. Note: Based on data from the Current Population Survey Food Security Supplement.

Children in families visiting food shelves, 2017

Source: Hunger Solutions Minnesota, Food Shelf Statistics Report, 01/2017 to 12/2017. Personal contact with Jill Westfall. Note: Not a unique count of

children served. All children in a family were counted each time a family member visited a food shelf during the year.

Children in the Summer Food Service Program, 2017

Source: Food Research and Action Center, State of the States 2017, Minnesota page. Note: Average daily participation during the month of July (busiest month). Rate is calculated by dividing summer participation figure by free meal enrollment figure. Retrieved from: http://www.frac.org/research/resource-library/state-of-the-states-profiles?post_type=resource&p=4483&state=Minnesota

SAFE HOMES & COMMUNITIES

Children under age 6 testing positive for lead poisoning, 2017

Source: Minnesota Department of Health, Center for Health Statistics, Surveillance Database Reports. Personal contact with Stephanie Yendell and Zay Rezanian. Note: Refers to children who were tested and found to have blood lead levels of 5 Micrograms per Deciliter (µg/dL) or greater, both confirmed and unconfirmed cases of elevated blood lead levels.

Children living in crowded housing, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Households where housing costs exceed 30% of income, 2016

Source: U.S. Census Bureau, 2016 American Community Survey 1-Year Estimates. Table B25091: Mortgage Status by Selected Monthly Owner Costs as a Percentage of Household Income in the Past 12 Months.

Housing status of children, 2016

Source: U.S. Census Bureau, 2016 American Community Survey 1-year Estimates.

Children age 10-17 arrested for a serious crime, 2016

Source: Minnesota Department of Public Safety, 2015 Bureau of Criminal Apprehension, Minnesota Justice Information Services, Uniform Crime Report (July 2016). Note: Refers to arrests of juveniles age 10-17. Rate per 1,000 is calculated by dividing the number of juvenile arrests by the total number of children ages 10-17, then multiplying by 1,000. "Serious" crimes (Part I crimes) include murder, rape, robbery, aggravated assault, burglary, larceny, vehicle theft and arson. Not all children arrested for serious crimes may have committed these crimes, and not all children who committed serious crimes may have been arrested.

Children who died from unintentional injuries, 2016

Source: Minnesota Department of Health, Center for Health Statistics. 2016 Minnesota County Health Tables. Personal contact with Judy Palermo.

Children abused or neglected, 2016

Source: Minnesota Department of Human Services. *Minnesota's Child Maltreatment Report 2016*, October 2017.

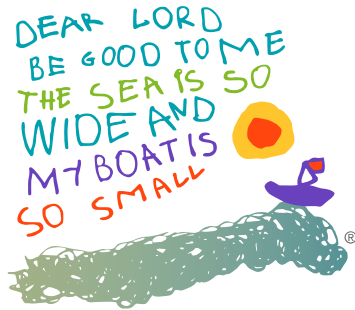
Children who committed suicide or were murdered, 2016

Source: Minnesota Department of Health, Center for Health Statistics. 2016 Minnesota County Health Tables.



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